Mood Disorders and Grief

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GOALS

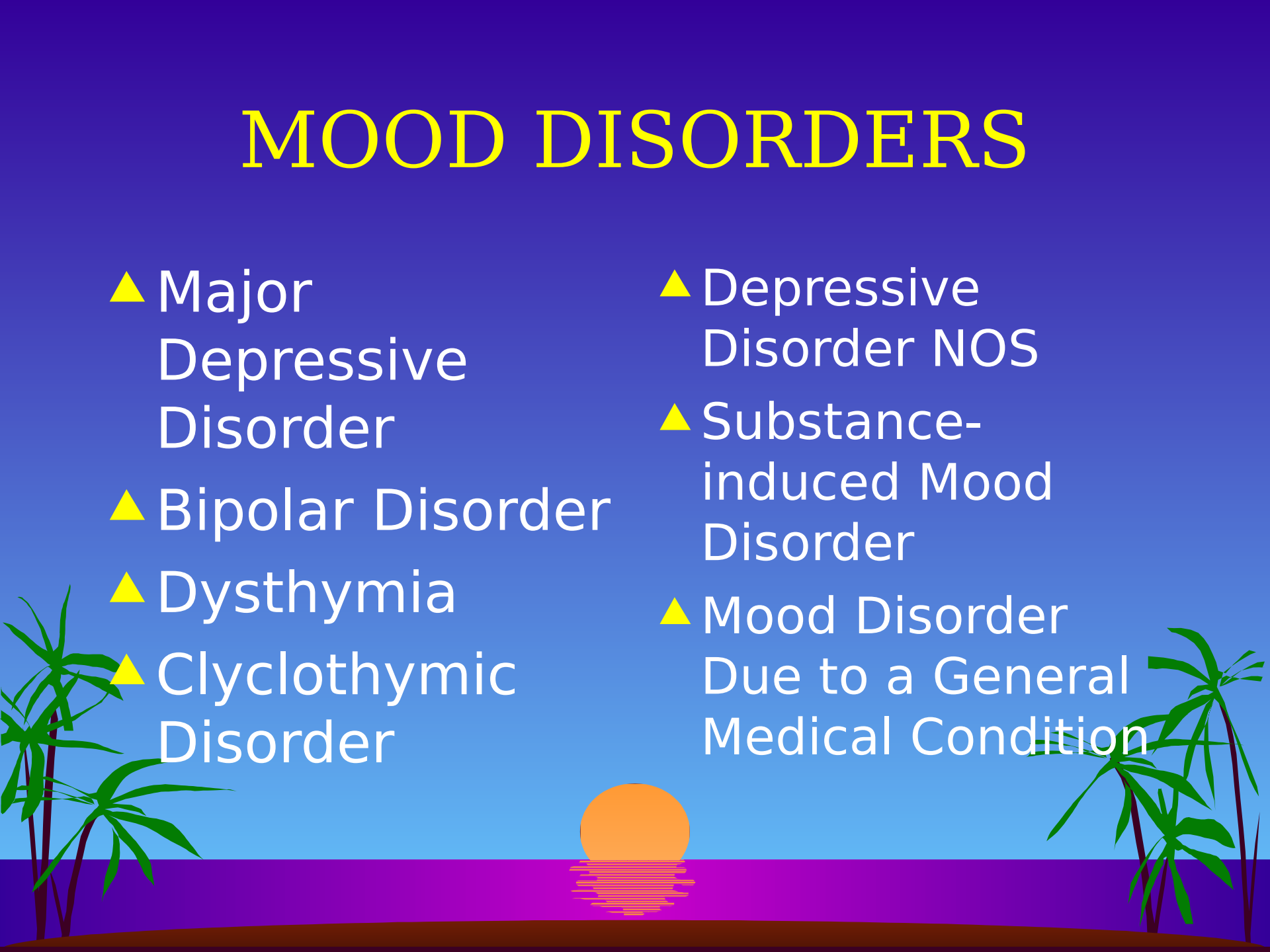
- Understand the spectrum of mood disorders
- Aeromedical dispositions in mood disorders
- Normal and abnormal grief
- The flight surgeon’s role

MOOD DISORDERS

- Most common MAJOR psychiatric disturbance
- Rapid onset requires early recognition and intervention
- Operational impairment significant

MOOD DISORDERS

- Major Depressive Disorder
- Bipolar Disorder
- Dysthymia
- Clyclothymic Disorder
- Depressive Disorder NOS
- Substance-induced Mood Disorder
- Mood Disorder Due to a General Medical Condition



MAJOR DEPRESSION

- lifetime prevalence of 15%(25% in women) - 10% of primary care pts
- 50% have recurrence, often within 6 months
- treatable in 80% of patients
- 15% of depressed patients commit suicide

DSM-IV
Major Depressive Episode

A. Five (or more) of the following symptoms have been present during the same 2 week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure

B-E: Other qualifiers. . . .see p163 of your DSM-IV

Criteria for MD Episode (cont)

- Depressed mood (sub-jective or observation)
- Diminished interest or pleasure
- Weight loss or gain (5%/mo) or significant appetite change
- insomnia or hypersomnia
- psychomotor agitation or retardation
- fatigue or loss of energy
- feelings of worthlessness or excessive guilt
- diminished ability to think or concentrate
- recurrent thoughts of death, SI without plan, or suicide attempt

Pneumonic for MD:

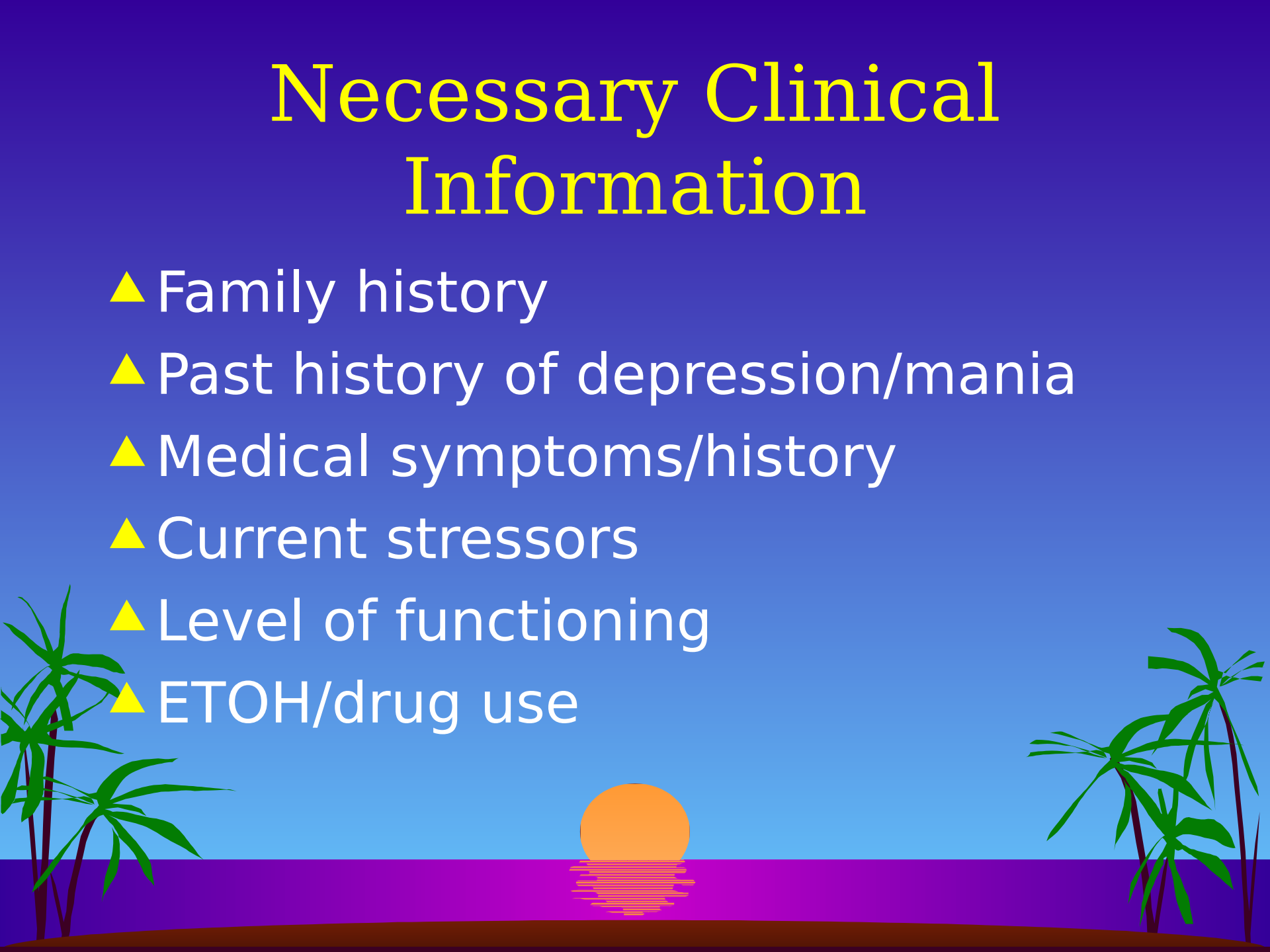
SIG E CAPS

- **Sleep disturbance**
- **Interest Waning**
- **Guilt**
- **Energy**
- **Concentration**
- **Appetite**
- **Psychomotor Retardation**
- **Suicidal Ideations/Behavior**

ALWAYS ASK ABOUT SUICIDE

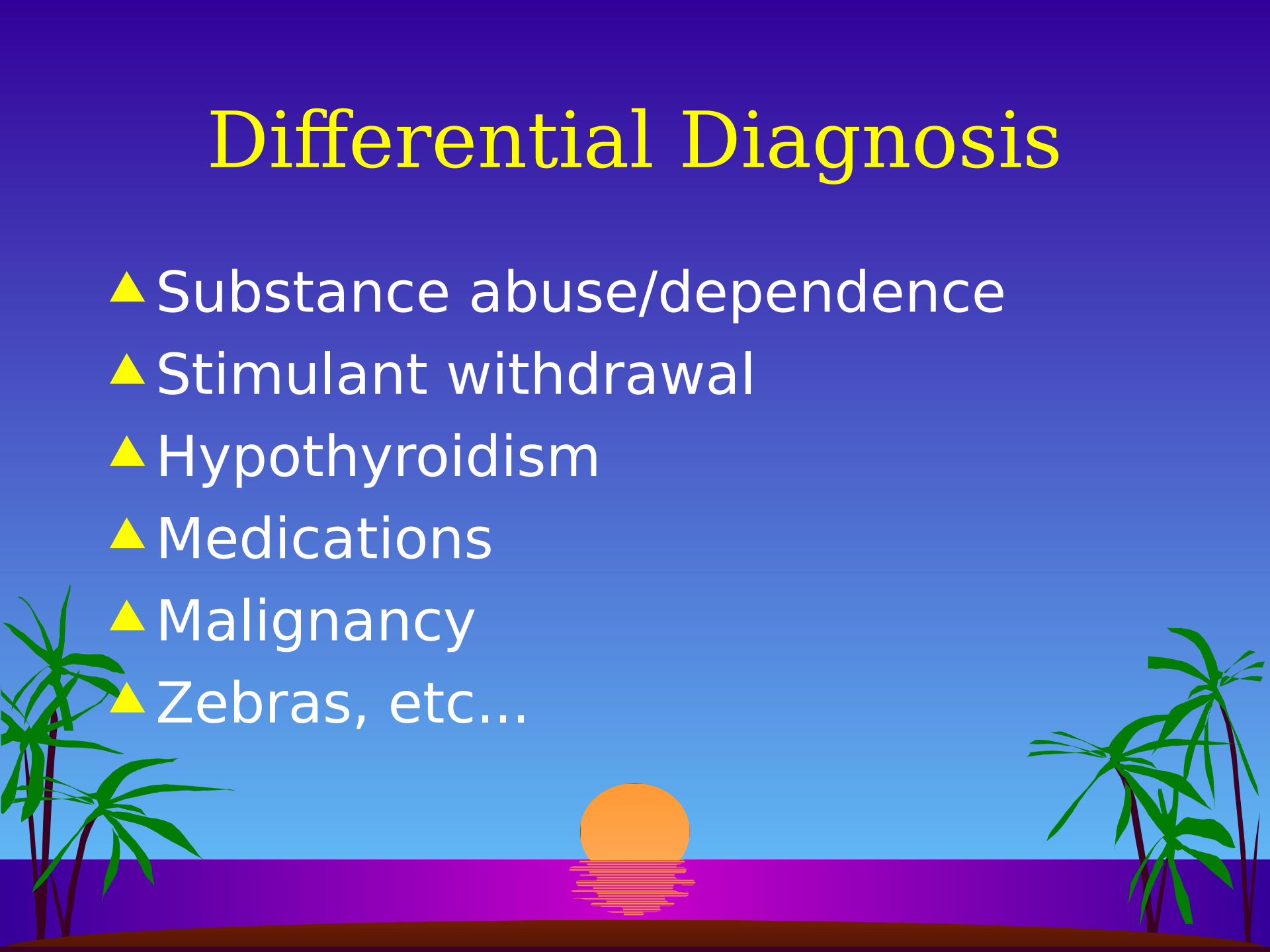
Necessary Clinical Information

- Family history
- Past history of depression/mania
- Medical symptoms/history
- Current stressors
- Level of functioning
- ETOH/drug use



Differential Diagnosis

- Substance abuse/dependence
- Stimulant withdrawal
- Hypothyroidism
- Medications
- Malignancy
- Zebras, etc...



A Caveat

The prevalence of mood disorders does not differ from race to race. ***However,*** clinicians tend to underdiagnose mood disorders and to overdiagnose schizophrenia in patients who have racial or cultural backgrounds different from their own. White psychiatrists, for example, tend to underdiagnosed mood disorders in Blacks and Hispanics

Treatment of Depression

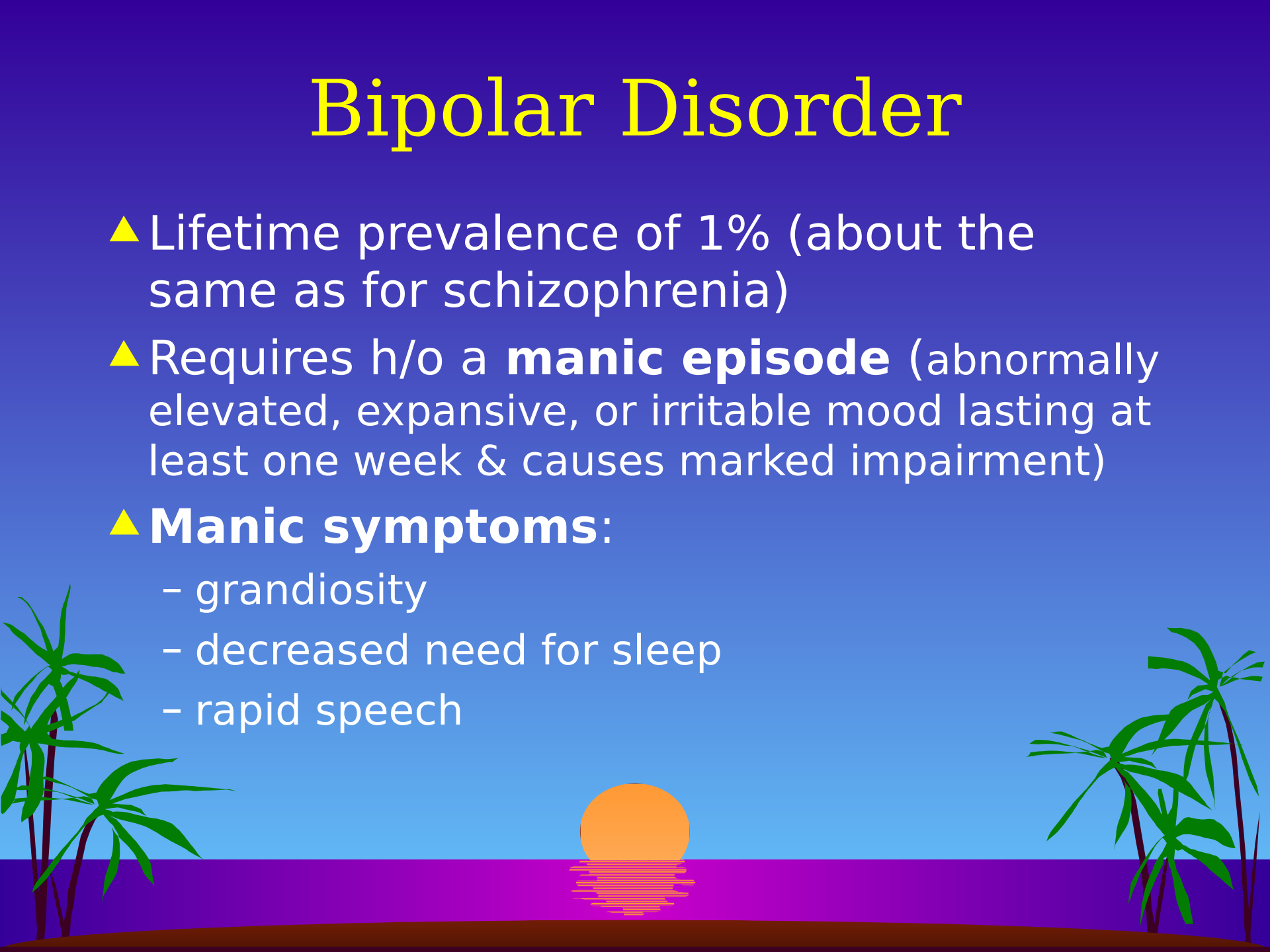
- Antidepressants (**SSRIs**/TCAs)
- Psychotherapy (Cognitive/behavioral, interpersonal, supportive, etc.)
- ECT (electricity can be good)
- (environmental manipulation - if improve quickly, think PDs)

Disposition of Depression

- **NPQ and AA**
  - Waiverable for a single episode without psychotic symptoms
  - 1 year off meds/symptoms-free
- Unfit and Suitable for General Duty
  - LIMDU Board

Bipolar Disorder

- Lifetime prevalence of 1% (about the same as for schizophrenia)
- Requires h/o a **manic episode** (abnormally elevated, expansive, or irritable mood lasting at least one week & causes marked impairment)
- **Manic symptoms**:
  - grandiosity
  - decreased need for sleep
  - rapid speech



Bipolar Disorder
Manic Symptoms (cont.)

- racing thoughts (flight of ideas)
- distractibility
- increased goal-directed activity or psychomotor agitation
- excessive involvement in pleasurable activities that have a high potential for painful consequences
- (hypersexuality, excessive religiousity, increased spending may be seen - psychotic sx if remains untreated)

Bipolar Disorder
Genetic Loading

- One parent bipolar - 25% risk
- Two parents bipolar - 50% risk
- Twin studies:
  - monozygotic: 33-90& (50% for MD)
  - dizygotic: 5-25%

Treatment of Bipolar Disorder

- Rapid Tranquilization as needed
  - (cocktail of 5mg haldol and 2mg ativan - po or IM)*
- Antipsychotics acutely*
- Lithium Carbonate
- Valproate and carbamazepine (the SSRIs of Bipolar D/O

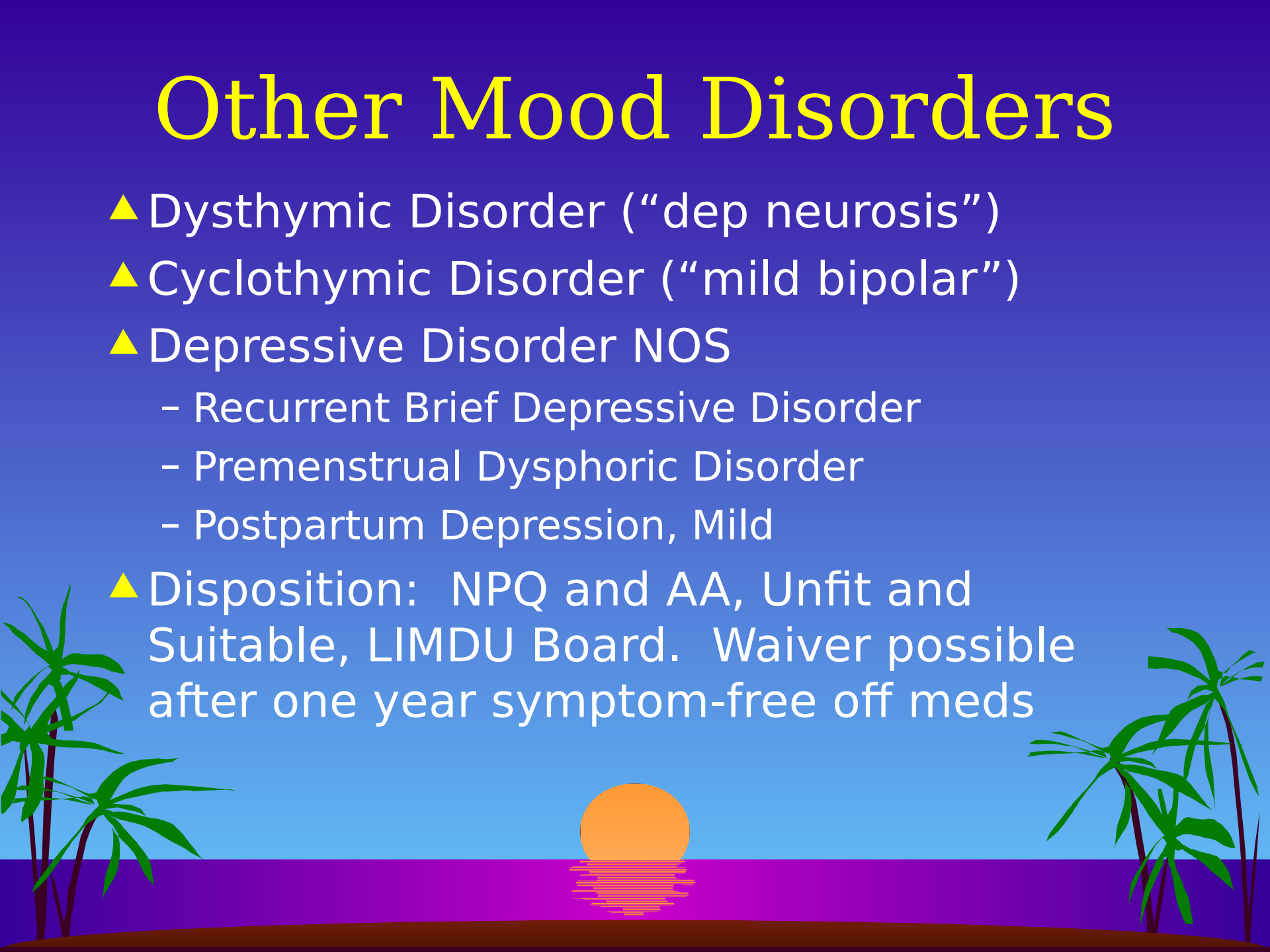
* physical restraint prior to chemical restraint

Disposition of Bipolar Disorder

- **NPQ and AA - NO WAIVER**
- Unfit and suitable for general duty-**PEB**

Other Mood Disorders

- Dysthymic Disorder (“dep neurosis”)
- Cyclothymic Disorder (“mild bipolar”)
- Depressive Disorder NOS
  - Recurrent Brief Depressive Disorder
  - Premenstrual Dysphoric Disorder
  - Postpartum Depression, Mild
- Disposition: NPQ and AA, Unfit and Suitable, LIMDU Board. Waiver possible after one year symptom-free off meds

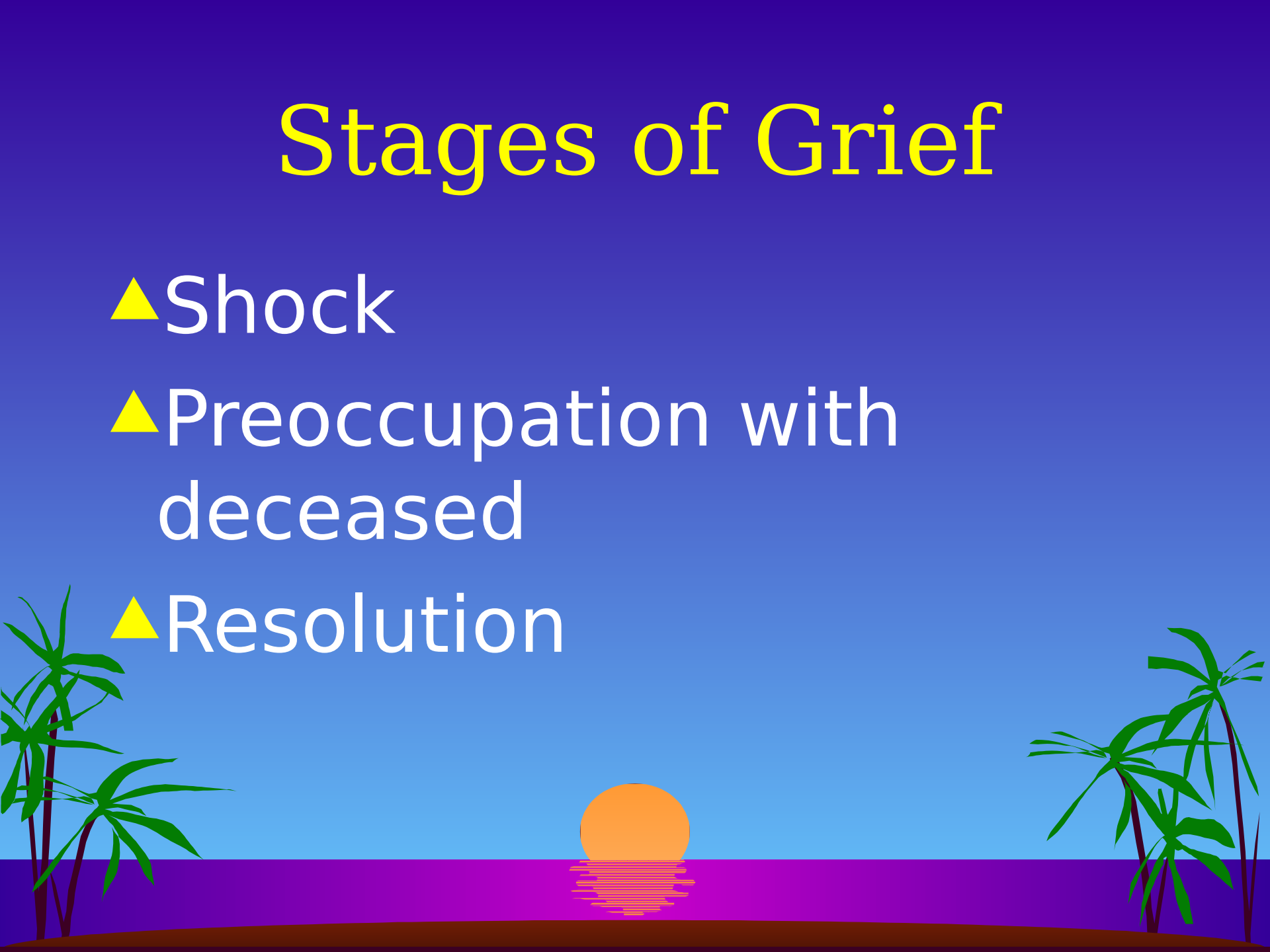


GRIEF REACTIONS

- Occurrence in the operational environment
- Normal reactions to loss
- Recognition

Stages of Grief

- Shock
- Preoccupation with deceased
- Resolution



Symptoms of Grief

- Somatic distress
- Preoccupation with the deceased
- Guilt
- Hostility
- Agitation

Complicating Factors

- Death circumstances
- Support
- Conflicts with the deceased
- Management of residual anger/guilt

Pathological Grief

- Extreme
- Absent
- Prolonged
- Distorted

Delayed Grief

- Suppression/denial
- Cultural restrictions
- Replacement of love object
- Anniversary reaction

Grief In Children

- Similar to adults
- Their ability to understand death depends on their ability to undersand any abstract concept
- <5 - death is separation similar to sleep
- 5-10: developing sense of mortality
- By puberty can conceptualize death as universal, irreversible, and inevitable

Flight Surgeon's Role

- Availability
- Periodic visits
- Monitor medical status of survivor

Flight Surgeon's Bag of Tricks

- Know your local resources and meet with them (chaplains, FSC, MHC)
- Read through and be comfortable with Chapter 30 of the Handbook - SPRINT & CISD
- Have a variety of "bereavement plans"
- Ensure your CO understands the role of SPRINT interventions: dispel myths
- ***Common sense and empathy***